## United States Department of the Interior



NATIONAL PARK SERVICE Lassen Volcanic National Park Post Office Box 100 Mineral, California 96063-0100

## Rev. 5/11 ENTRANCE FEE WAIVER APPLICATION

Please complete this form and return with appropriate documentation AT LEAST TWO WEEKS PRIOR to your desired dates to: Lassen Volcanic National Park, Fee Office, P.O. Box 100, Mineral, CA 96063-0100 or FAX attn: Fees 530 335-7107

| Name of Scho        | ol:  |   |   |
|---------------------|--|---|---|
| Address:            |  |   |   |
| County              | School District  | Telephone                                 | FAX#  |
| Person in char      | rge of group:  |   |   |
| Number in Gi        | roup:  | Number of cars of                         | or buses:                                   |
| Date (s) Desir      | ed:  | through                                   |   |
| Purpose of vis      | sit:   |   |   |
| List trails you     | will be on:  |   |   |
| Must pr<br>copy of  | TION: le educational institution conducting ovide documentation of official rec your learning objectives. If you h   | cognition as an educational in            | nstitution (see next page) and a            |
| sponsori            | le research group studying resources ng study institutions.  |   |   |
| ** YOU MU<br>MAY BE | ST HAVE A COPY OF THE CHARGED THE ENTRAN on arrival. (This form must be seen as a second control of the control | IIS WAIVER IN EVEL [CE FEE. It must be sl | RY VEHICLE OR YOU hown at the park entrance |
| FEE WAIVE           | R APPROVED   | NOT APPRO                                 | VED   |
| Signature           |  | Date                                      |   |

GROUPS ARE LIMITED TO 20 PEOPLE EACH SPACED AT LEAST 1/2 MILE APART AT ALL TIMES ON ALL PARK TRAILS. GROUPS MAY NOT CONGREGATE ON ANY TRAILS.